

MEDICINE AND HUMAN RIGHTS

Medical Involvement In Torture In Chile



World Issues

Punitive Medicine

Interview with Dr. Fisher

Doctors and Lethal Injections

Handbook For Medical Groups: Session 1

Nobel Peace Prize 1977 UN Human Rights Prize 1978

Editorial

In a typically lugubrious moment Graham Greene once reflected that nothing ever really ceases to exist. It just changes.

I was reminded of this when I first read the latest Amnesty report on torture in Chile. This document was prepared after a three man delegation went to Chile in 1982 to investigate the cases of 19 people who had been in the custody of the security forces. 18 of them claimed to have been tortured.

The report sets out its findings in some length and from the details of each individual case a chilling picture emerges of how, in spite of fewer outward signs, repression in Chile continues.

According to their findings the delegation note-

'During the early years of the present Government, torture methods reported were characterized by their extreme brutality. Many detainees were later found disfigured beyond recognition.'

However, since August 1977 and the creation of the C.N.I., interrogation seems to have undergone certain changes-

'Increasingly the methods used were ones that left few or no physical marks and were less likely to result in the death of the victim.'

Given its widespread and consistent use it is not altogether remarkable that torture in Chile should have undergone what appears to be a process of streamlining. But what has given rise for concern, especially amongst members of the medical profession, is the question of whether this 'streamlining' could have been achieved without the aid of medical knowledge. Certainly, it has now been established beyond reasonable doubt -both in the findings of the report and in other well-documented cases- that a person or persons, with evident medical knowledge, used this knowledge to facilitate interrogation. And in so doing, increased the suffering of the victim.

Today marks the beginning of Amnesty's campaign against torture in Chile. We wish it well, and if Graham Greene is right in his pro-

nouncement, let it be that the courage and the hope of those still captive, may also never cease.

Kay Daly
Editor



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USSR

PUNITIVE MEDICINE

In February 1983 the Soviet Union withdrew its membership from the World Psychiatric Association, just four months before its meeting in Vienna.

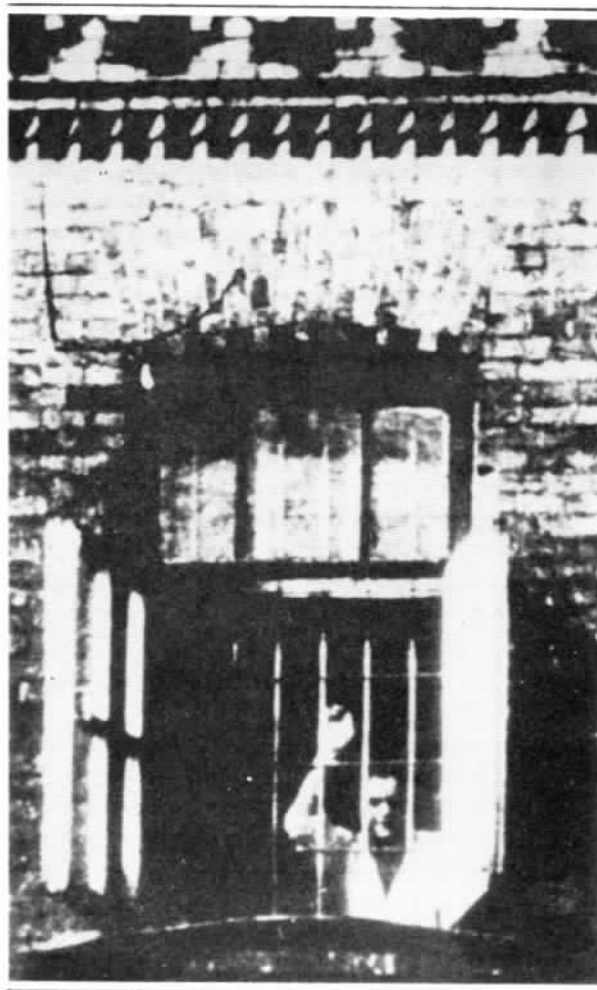
Since 1977 world medical opinion has been growing increasingly concerned at what it sees as the gross mis-use of psychiatric medicine in the USSR. Detailed eye-witness accounts of medical practice within Soviet ordinary psychiatric hospitals and the notorious 'special' psychiatric hospitals had brought the USSR, many believe, precariously near to being publicly expelled from the W.P.A. when it meets in June.

Although the systematic abuse of psychiatry became widespread in the USSR after the second world war, it has intensified since 1977. A number of its victims, including members of the Soviet psychiatric profession, have since emigrated from the USSR and from their accounts as well as from records compiled by monitoring groups, within the USSR, a clear picture has now emerged of the drugs and methods used in these institutions for the silencing of all political and social dissent.

The drugs most commonly used on dissenters are the powerful tranquilizers (commonly referred to as neuroleptic drugs) chlorpromazine, haloperidol and trifluorperazine*, and insulin and Sulphazin. Other drugs used are Tizertsin, Sanapax, Etaperazin, Phrenolon, Trisedil, Mazheptil, Seduksin and Motiden-depo. These drugs have been administered by injections, solutions for drinking and in tablet form.

The neuroleptic drug chlorpromazine has a sedative effect. It is intended for use in cases of psycho-motor excitation, schizophrenic, chronic paranoid and paranoid-hallucination syndromes (under certain circumstances), and others.

Haloperidol, the most commonly



Yevgeny Nikolayev in Moscow's Kashchenko Psychiatric Hospital during his 4th internment.

administered neuroleptic, is intended for the treatment of schizophrenic and epileptic psychoses, manic and paranoid delirium conditions and psychoses. Its side effects include photosensitization, dermatitis, and 'extra-pyramidal derangement'. The symptoms of this last condition include muscular rigidity, paucity and slowness of body movement, and physical discomfort.

The drug Sulfazin was at one time used in a number of countries for treating schizophrenia, progressive paralysis and depressive catatonic conditions. It was later found to be largely ineffective and has gone out of use. It remains however within the scope of Soviet psychiatric medicine.

It is frequently injected intravenously into the buttocks causing intense pain. After several injections

walking is difficult and any pressure on the buttocks is extremely painful. Sulfazin induces a high, sustained fever which incapacitates a patient for up to three days after one injection.

Sulfazin injections are often used as a means of punishment. Patients are known to have been subjected to injections of it every-day for several days.

Insulin shock therapy is another form of medication commonly used on dissidents in Soviet psychiatric hospitals.

Increasing doses of insulin are administered (starting at 4 - 8 units) until the patient goes into hypoglycaemic coma and shock. While 25 - 30 shocks are considered a normal course of therapy, some patients are reported to have received up to 60 shocks.

With all the drugs listed the requisite premedication tests are often not performed and the contraindications of the drug ignored.

In the 'special' psychiatric hospitals where the majority of the ward orderlies are untrained convicts these drugs are often administered indiscriminately and in massive and continual overdoses, without the accompaniment of any counteracting drugs.

Aside from the mis-use of drugs severe beatings, homosexual rape and murder are not uncommon. Where a disciplinary measure is thought necessary the 'wet pack' is still used.

This is a complicated form of fixation in which the patient is tightly wrapped in strips of wet sheeting. As the sheet dries, it tightens causing acute pain. In reported cases, hospital staff have repeated the process several times on the same patient.

Reduction of the already inadequate diet and solitary confinement, in prison cells, in often sub-zero temperatures, also constitute part of the corrective 'treatment'.

*chlorpromazine or Largactil; Aminazin
haloperidol or Haldol; Serenace
trifluorperazine - Parstelin, Stelabid
Expansyl, Stelazine; Triftazine

CHILE

MEDICAL INVOLVEMENT IN TORTURE

'Fourteen of the people interviewed and examined by Amnesty International's delegates described contact with a person at the alleged torture centre who they thought was a doctor. The contacts with the doctors were of three types:

1. Medical examination-
 - (a) before torture
a physical examination carried out on arrival at the centre. Twelve people said they were examined at this stage.
 - (b) after torture
a physical examination carried out after torture. Ten people said they were examined at this stage.
2. Direct medical involvement in torture-
someone who appeared to the detainees to be a doctor was said to have assisted CNI agents either during or just before the alleged torture.
Six people said they had been given non-therapeutic medicine to make them lose self-control and co-operate with their interrogators. Three said attempts had been made to hypnotize them. The attempts allegedly took place at the CNI centre in Santiago.
3. Medical treatment-
therapeutic help at the request of the detainee, or when the detainee was seriously ill.
Six people said they had been treated; two of them owing to serious respiratory difficulty caused by electric torture.

'It would clearly have been difficult for the detainees to be sure whether the people by whom they were treated were actually doctors, or health workers or people pretending to be doctors. In three cases, however, Amnesty International's medical delegates consider that there are continued page 16

ARGENTINA

PRISONER LOSING SIGHT

Oscar Hector Matthews, currently being held in Rawson Prison, Chubut Province, has complete loss of vision in the left eye and progressive loss of vision in the right. It is feared that unless he receives adequate medical attention soon, he will suffer total blindness.

Prior to his arrest in September 1973 Matthews' vision in the left eye deteriorated and in 1979 whilst playing football in the prison yard at Rawson Prison that he suffered an injury to his right eye.

Despite subsequent infection in this eye Matthews is reported to have received inadequate medical treatment and three months later was urgently transferred to the central hospital in Villa Devoto prison in Buenos Aires.

The doctor responsible for his treatment at Villa Devoto is reported to have recommended surgical removal of the right eye. This would result in blindness.

After representations were made by the prisoner's family he was granted a further examination by an ophthalmologist who advised that loss of vision could be avoided with adequate medical care and supervision.

However, when Matthews was transferred to Caseros Prison and later to La Plata Prison he received no further medical treatment.

In February 1981 he was moved once again, this time back to Rawson Prison which effectively cut him off from his family who live 1,500 km. north in Buenos Aires.

Oscar Matthews is a 34 year old Argentinian farmer who is currently serving an 18 year prison sentence for allegedly participating in an assault on a police station in September 1973. This sentence is still under appeal.

Latest reports indicate that he is still in Rawson Prison where medical facilities are known to be inadequate and where he is still being refused treatment.

In addition to his eye problems

he is reported to have complained of persistent tinnitus.

GABON

MENTAL ILLNESS

Amnesty International is concerned about reports that Luc Bengono - Nsi and Moubamba Nziengui, who are both serving sentences of twenty years' hard labour, are suffering from mental illness.

They are among a group of 24 prisoners of conscience who were convicted on 26th November 1982 on charges of threatening state security and insulting the President.

The charges arose from the distribution of tracts calling for a second legal political party in addition to the Parti Democratique Gabonais headed by President Bongo. These tracts did not support or advocate the use of violence.

In the 12 months leading up to the trial of the 24 prisoners it is reported that they were allowed no exercise, were held incommunicado, received inadequate food and denied medical treatment. Some are reported to have been tortured.

In June or July 1982 Luc Bengono-Nsi and Moubamba Nziengui joined other detainees in a hunger strike to protest against prison conditions. After nine days the hunger strike was called off when Nziengui, who is a diabetic, was unable to continue.

Amnesty International first received reports of Nziengui's mental disturbance in July 1982. Moubamba Nziengui had no history of mental illness prior to his detention. There are no details available about his present condition.

Luc Bengono - Nsi has also shown signs of mental disturbance including an apparent inability to speak coherently at his trial.

The chief prosecutor for the Gabonese Government claimed that Bengono - Nsi was feigning mental illness. When the president of the court noted that no medical report existed for Bengono - Nsi, the batonnier (President of the Bar) requested an examination to be made.

It is not known whether a competent medical examination has since been carried out.

TURKEY

TWO DOCTORS RELEASED

Two medical doctors, Dr. Erdal Atabek and Professor Metin Ozek, both members of the Turkish Peace Committee, have recently been released.

Dr. Atabek, President of the Turkish Medical Association, was arrested on the night of 25/26 February 1982 and held with other members of the Peace Committee at Kartal Military Prison, near Istanbul.

Professor Metin Ozek, a psychiatrist working at the Medical Faculty of the University of Istanbul, was also detained.

The Turkish Peace Committee, to which both doctors belonged, had been under investigation by the Istanbul Martial Law Prosecutor since the coup, and it is thought they were being held under Articles 141 / 2 of the Turkish Penal Code which forbids 'crimes of thought and expression.'

Immediately after their detention all the detainees were tied together and had their heads shaved. They were however, allowed to see their families and lawyers which is exceptional for people in detention. And although the conditions under which they were held were cold and damp there are no reports of ill-treatment.

On 7th February 1983 Amnesty International learnt that Dr. Atabek and Professor Ozek had been released, although the charges against them (stemming from their expression of thought and opinion) still stand and the trial is continuing.

They are reported to have been allowed to resume their professional duties.

PAKISTAN

UNMARRIED MOTHERS SENTENCED

An Islamic court in North West Pakistan has sentenced an unmarried mother to 100 lashes

and 2 years in prison on the charge of being 'the prospective mother of an illegitimate child.'

According to the Jang Daily newspaper the girl, Jahan Meena, was ordered to be flogged publicly after giving birth.

On 7th January 1983 a second unmarried mother, Zarina Bibi, was sentenced to death by hanging after a district and session court found her guilty of killing her newborn baby.

Fear of being socially ostracised for giving birth outside marriage apparently drove Zarina to kill her baby after she had been abandoned by the father.

If Zarina appeals successfully against the death sentence she will still receive 20 lashes, pay a fine and undergo seven years' hard labour for having been found guilty of sexual relations outside marriage.

The alleged father Mr. Abdur Razzak, aged 25, was acquitted. According to the Hudood Ordinance of Islamic law a man cannot be convicted of extra-marital relations until at least four eye witnesses, known to be good muslims, will testify against him.

Although both women have the right of appeal it is not yet known if they have done so.

Many women in Pakistan are becoming increasingly alarmed at the punishments meted out to women for sexual offences. It is not only their severity but that they are reported to be on the increase.

Many women believe that General Zia ul-Haq is bowing to Muslim Fundamentalist pressure which, they fear, could lead to an onslaught against members of their sex.

* * * * *

[J.D. Nancarrow in his article on Cicatrical cancer in the British Journal of surgery of 14 April 1983 quotes Caesar Hawkins who reported in 1835, epitheliomas arising in burn and flogging scars.]

* * * * *

CZECHOSLOVAKIA

FOUR SIGNATORIES TO CHARTER 77 SERIOUSLY ILL

Ladislav Lis, Jaroslav Savrda, Jaroslav Javorsky and Jan Litomisky, all members of the unofficial human rights movement Charter 77, are reported to be seriously ill in prison.

Ladislav Lis, 56, also a member of the Committee for the Defence of the Unjustly Persecuted (VONS), was arrested on 5th January 1983 after a raid on his home in Northern Bohemia.

He is at present being held in Liberec prison and although the exact charges against him are not known it is thought that he is being prosecuted for his dissenting activities.

Both Lis and his family have been subjected to continual police surveillance since December 1979 and in June 1982 the lives of his children were threatened.

Since his arrest on 5th January 1983 Lis' health has seriously deteriorated. He is reported to be suffering from asthmatic attacks with haemoptyses. He is also said to be suffering from swelling of the left side of the chest with pain at that site.

Dr. Jaromir Savrda, a 49 year old writer, was charged with 'incitement' on 3rd March 1983 and was sentenced to 2½ years imprisonment which he is serving at Ostrava prison.

Dr. Savrda has chronic renal failure due to previous tuberculosis of the urinary tract, and hypertension with consequent cardiac problems. As a result of impaired peripheral circulation his lower limbs are severely ischaemic and it is feared that without urgent medical attention the legs may require amputation.

Jaroslav Javorsky, 35, currently serving a 13 year prison sentence for attempting to assist his fiancée and her eight year old daughter to cross the Bulgarian/Turkish border, began a hunger strike in February 1983 in protest against his treatment in prison.

Javorsky is serving his sentence in the third (strictest) regime in Valdice prison and, according to recent reports, his condition is giving cause for concern.

He has an enlarged prostate and impaired renal function. Recently his blood pressure was 190/120 mm Hg; he has ankle oedema.

Jan Litomisky, also a member of VONS, is a 39 year old agronomist and was a Protestant - man. He was sentenced to 3½ years imprisonment police search of his home in which Charter 77 materials were confiscated.

In July 1982 he was seen by friends when he was allowed to attend his father's funeral. They had difficulty in recognizing him, as they had known him before his arrest as a physically fit and resilient man. According to eye witnesses he is now old and broken, showing signs of exhaustion and under-nourishment.

Litomisky has asthma. He has also contracted an unidentified disease of the fingers and nails which greatly reduces his ability to work.

Although all four men are seriously ill there are as yet no reports of their receiving adequate medical attention.

SOUTH KOREA

MASS ARRESTS

In October 1979 more than 100 people were arrested for allegedly belonging to the illegal organisation 'The South Korean National Front.'

According to the South Korean press 73 of the original 100 went on trial in February 1980 accused of belonging to an illegal organisation whose aim is to allegedly overthrow the Government by force. The defendants were accused also of listening to North Korean radio and distributing leaflets critical of the Government.

Despite frequent appeals to the South Korean authorities, the full charges and evidence against the defendants have never been made public. In addition, Amnesty International has received reports that the defendants were subjected to torture and ill-treatment.

during the period from October to December 1979 whilst they were in detention. They were also held incommunicado.

In June 1982 40 of the original 73 defendants were still in prison, one of whom was sentenced to death, and five others to life imprisonment.

It is believed many of the defendants were convicted on the basis of confessions made under duress.

One of the detainees, Mr. Choi Sok-jin, a 30 year old researcher with the Korean Economic Development Council, sustained fractures to the vertebrae and at the ankles whilst in detention. He had to be carried to the courtroom on a stretcher.

Whilst Choi Sok-jin was on trial in 1980 he had haematuria associated with urethritis for the first time. He also developed peripheral oedema and dyspnoea, associated with a very bad general condition which included fever and chills. In January 1981 he was transferred from Seoul to Chonjoo Prison where for several months he received some medical treatment.

In December 1981 he again became seriously ill and in March 1982 was examined at Kyungbuk University Hospital, where tests reportedly showed albuminuria and haematuria.

In February 1982 Choi Sok-jin was transferred to Taegu Prison where, despite deteriorating health, he is not thought to have received any further medical attention.

On 5th October 1982 Choi Sok-jin underwent blood and urine tests at the Kyungbuk National University Hospital. The doctor's report stated that he had made a near complete recovery.

Choi Sok-jin then underwent a second medical examination at Patima Hospital in Taegu on 10th November 1982 where the doctor's report is believed to have stated that he was suffering from slight nephritis with much bloody urine, cause unknown, and to have recommended continuous monitoring. In addition the report recommended an immediate operation on his ankle and noted an abnormality of the third lumbar vertebrae.

Early in February 1983 Amnesty International received reliable reports that Choi Sok-jin had been transferred to hospital. Four days later however he was returned to prison.

The doctor who examined him on this occasion recommended a kidney transplant.

Choi Sok-jin remains in prison. His condition is believed to be critical.

URUGUAY

PRISONER SUFFERING FROM CANCER

Amnesty International is seriously concerned about reports of the grave state of health of Sr. Angel Maria Gyoldi Aricet.

According to information, about one year ago he underwent an operation for a 'lump' in the throat. He is now reported to have been diagnosed as suffering from cancer of the throat and will require a course of radiotherapy sessions.

Sr. Gyoldi is being held in Establecimiento Militar de Reclusion No. 1, penal de Libertad, which is the main prison for male political detainees.

The general health of most prisoners in Libertad prison is poor and a considerable number of the prisoners are suffering from serious illnesses. Prisoners requiring surgery, special treatment or tests are transferred to the military hospital but there are often long delays in their referral, during which time serious conditions may be left undiagnosed or untreated.

There are reports also of inadequate medical attention in the military hospital.

It is not known whether Sr. Gyoldi has received any treatment.

CHILE

FEAR OF TORTURE

On 25th April 1983 Manuel Flores Videla and Veronica Morales Hernandez, continued page 13

Dr. Brian Fisher talks to Amnesty

Dr. Brian Fisher is a General Practitioner living and working in south London. Several years ago, whilst working in a group practice some Chilean refugees came to him and asked if he would treat them.

In the ensuing months word spread through the South American exile community living in south London that there was a doctor living nearby who spoke Spanish and who would help them. Gradually more and more refugees sought him out and although now, several years later, he has left the group practice and is living in a different part of London some of his original refugee patients still remain on his books, and travel some distance to see him.

When I spoke to Dr. Fisher at his home in New Cross I asked why it was that people who had refused to be treated by other doctors had come to him?

"It was initially just by chance. When I was working at the Lister Health Centre there were some Chilean refugees living next door to me. At first I only knew them socially then later, when they realised I was a doctor they started to approach me professionally.

"I started only by treating one or two refugees, then later more came. At that time I could speak enough Spanish to get by, I think this undoubtedly helped me in treating these people."

Some years after you started treating these refugees you went to Latin America. Why?

"I had been planning to go to South America for some time. As I have said, I am interested—from a purely personal point of view—in that part of the world. I wanted to improve my Spanish, I was also working on a health project from which we could learn from Latin America and, yes, I wanted to understand more of the background of the people I had been treating."

Has seeing Chile and other countries in Latin America in any way altered your attitude to the refugees you treat in London?

"Before going to Chile I suppose I saw these refugees purely as 'patients'.

Of course I knew roughly the political systems from which they had come, and the kind of social background, but I did still see them only as people with a set of problems that needed to be solved, and as a doctor I had to activate the appropriate services in order to cope with these problems.

"Then I went to Latin America. I was staggered by what I saw. Everyday. In the

streets. Only then did I realise that I had not had the faintest conception of what these people had gone through. I met some of the families of the patients I had been treating in London.

"After my trip to south America my perception of these people and of what they had endured, has changed. It's the difference, I suppose between regarding people in a rather academic way as 'problems' and seeing them as families, as people with a culture, a history."

In your opinion would you say that the majority of the refugees you have treated have experienced some sort of severe trauma?

"Without question, they have all been deeply traumatised either physically or psychologically, or both."

When a former torture victim comes

"While he was being tortured by the police, they opened a telephone line between the torture chamber and the prisoner's home, forcing his wife to listen to her husband's screams. During the ordeal she died of a heart attack. The prisoner himself survived and was eventually allowed to go back into exile...."

Refugees

to you is there anything in his appearance that immediately suggests 'torture' -i.e. wounds still healing, scars, deformity?

"No. None whatsoever. It is only after talking for a while that you would guess from the patient's background that he may have been tortured. Understandably, this is not something that most people would willingly disclose.

"On the whole their physical problems are quite mild. They do seem to have been quite severely beaten but, aside from recurrent backache (especially in men) there seem to be no lasting physical effects. Even those who do complain of backache still manage to hold down reasonably active jobs. In fact, the more I saw the more astounded I became at the remarkable degree of 'physical fitness' these people showed.

Psychologically how healthy are they?

"I have found the major problem in treating refugees is psychological.

"Because their minds and bodies have been so incredibly abused they do produce a lot of psychosomatic complaints. They are pre-occupied with illness and describe pains which are almost certainly not caused by any physical disease.

"This is of course not uncommon, we all tend to somatise our emotional state, it's a very ordinary thing to do. But when we look at refugees - especially Latin American - we are looking at something rather different.

"These people have been subjected to a systematic process which totally distorts the way the mind and body work. As a result of this they produce a set of very 'odd' symptoms which, without some kind of background knowledge, is it impossible for a doctor to treat.

"One woman for example, told me that on several occasions she was starved for a number of days. At the end of each period of starvation she was presented with a sumptuous meal. Then as she ate, she was given repeated electric shocks. As a result she associated all things of 'comfort' and 'relief' with acute pain and misery. When I saw her it was only with the greatest conscious effort that she

could force herself to believe that anything could be good-morally as well as physically."

From what you have seen then would you say that the methods of 'Deep Interrogation' practiced today have been devised by people with clear medical knowledge?

"Without a doubt. Anyway, there is abundant documentation already known on this subject..but even without this I would say yes, it must be so."

Given their past experiences did these refugees find it difficult to trust you?

"Initially they were very happy to have me treat them, medically. However, as soon as I would ask about their experiences or suggest referring them to a hospital for further treatment they would become suspicious. Some even frightened."

Why should they be apprehensive about seeing another doctor in hospital?

"They find some organisations menacing. Some associate any authority with the security forces back home. They are also frightened of anyone in a uniform -including doctors- and it is only with the greatest conscious effort that they can approach them. The sight of a policeman on the street may terrify them.

"They also have great difficulty with English and tend to avoid any situation where their inability to communicate would make them more vulnerable. I think this was one of the main reasons why refugees first came to me. My Spanish was far from adequate but even this, such as it was, made them feel 'safer'."

If these refugees were given intensive tuition in English would this help?

"No. I don't think so. They don't learn English because they don't want to. They have no ill feelings towards England, in fact they appear to have no feelings at all for England. They are forcibly exiled from their own country and their only real wish or hope is to return. Everything centres on that. England becomes just a kind of staging-post along the way, a kind of limbo."

Aside from the obvious problems
continued page 14

. news in brief . . . news in brief . . . news in brief .

DOCTORS AND TORTURE: U.N. ADOPT NEW PRINCIPLES

The United Nations General Assembly has confirmed that it is a gross contravention of medical ethics for doctors and other health personnel to participate in the torture of prisoners.

On 18 December 1982 the General Assembly adopted without a vote the 'Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture, and Other Cruel, Inhuman or Degrading Treatment or Punishment.'

The principles state that health personnel have a duty to provide prisoners with the same quality of treatment as non-prisoners. It is a contravention of medical ethics for health personnel to assist in the interrogation or punishment of prisoners in a way that may adversely affect their health.

The principles supplement a similar code of ethics adopted by the World Medical Association in Tokyo in 1975. One of the differences between the two texts is that the UN Principles apply to health personnel generally rather than just to doctors.

Amnesty International is concerned about the involvement of doctors in torture, floggings, amputations and executions. Doctors are known to have been involved in declaring tortured prisoners fit for further interrogation, or other cruel, inhuman or degrading treatment or punishment. Doctors have also amputated limbs by way of punishment and, have been present at executions.

FEFELOV VISIT CANCELLED

The proposed visit to Britain of Valeri Fefelov, due to commence on 2 May, was cancelled at the last minute when the Home Office refused to issue him with a visa.

According to reports the visa was refused on the grounds that Fefelov

has not yet been given official residence in Germany, where he and his family are now living.

Fefelov left the Soviet Union, together with his family in 1981.

As one of the members of the three man 'Initiative Group to Defend the Rights of the Disabled in the USSR', he was sentenced in 1981 to 5 years in a strict labour camp for collecting and publishing information on the plight of the disabled in the Soviet Union. As imprisonment would almost certainly have led to the state adopting permanent custodianship of his children he went instead into voluntary exile in the West.

Since Fefelov's departure to the West his two colleagues, both severely disabled, are reported to have been harassed by the police. One, Yuri Kislov, was still active in October 1981 although he had been warned under Article 190/1 of the Soviet Penal Code, which deals with 'slandering the Soviet System' and carries a penalty of 3 years imprisonment.

Fefelov's other colleague in the Group, Faizulla Khusainov, was last seen in October 1982 but since then nothing is known of his whereabouts.

Although the purpose of Fefelov's visit was to publicize what he alleges are the gross inadequacies of the Soviet system in it's provision for disabled people, he is particularly concerned about prison conditions for the disabled. Many of whom have become disabled during imprisonment.

According to Christine Shaw, of the London based 'Working Party on the Internment of Dissenters in Mental Hospitals' there are probably many thousands of disabled prisoners and little, if any, allowance is made their disabilities. The Working Party has collected evidence to suggest that heavy compulsory labour is used as a means of punishing disabled prisoners.

Those who have committed no offence must still observe the severe limitations imposed on them by the state.

Fefelov's visit to Britain had been arranged in close co-operation with the Royal Association for Disability and Rehabilitation.

It is hoped that the visit will take place at a later date.

.news in brief . . . news in brief . . . news in brief.

VOLUNTARY FUND FOR TORTURE VICTIMS

The United Nations has established a voluntary fund for torture victims and their families.

Known as the United Nations Voluntary Fund for Victims of Torture it supercedes the former United Nations Trust Fund for Chile, thus making assistance available to anyone regardless of country.

The financial help this fund offers will probably be given through organisations offering relief or legal aid, rather than directly to individuals. And although all torture victims will be eligible, priority will be given to aid the victims of violations by States in which the human right's situation has been the subject of resolutions or decisions adopted by either the Assembly, the Economic and Social Council or the Commission on Human Rights.

Appeals were made to all Governments to respond to requests for contributions to the Fund, and by 15th November 1982 contributions totalling nearly U.S. 500,000 \$ had been received from six countries.

In accordance with the Financial Regulations of the United Nations the Fund would be administered by the Secretary-General, with the advice of a Board of Trustees. This Board would comprise of a Chairman and four members with wide experience in the field of human rights. They would be appointed by the Secretary General.

On 11th November 1982 the Secretary-General announced the appointment of four persons who will serve a three-year term on the Board of Trustees of the United Nations Voluntary Fund for Victims of Torture. They are Mr. Hans Danelius (Sweden), Ms. Elizabeth Odio-Benito (Costa Rica), Mr. Waleed Sadi (Jordan) and Mr. Amos Wako (Kenya).

Consideration is being given to the appointment of a fifth member,

from an Eastern European Country.

Cyprus	500 .00
Denmark	114,600 .05
Finland	81,000 .00
Netherlands	45,000 .00
Norway	100,000 .00
Sweden	150,000 .00
US \$	492,100 .05

Contributions made to the Voluntary Fund for Victims of Torture up to 15th November 1982.

DOCTORS ASKED TO MOVE AGAINST SOUTH AFRICA

Andrew Veitch
Medical Correspondent
London Guardian

Britain's doctors are to be asked to withdraw from the World Medical Association unless the rules under which South Africa was readmitted last year are changed.

The proposal, backed by British Medical Association leaders, will be put to the B.M.A.'s representative meeting later this year. If it is passed, which seems likely since the B.M.A. delegation voted against South Africa's readmission, the world association will have to choose between changing the rules and expelling South Africa, or suffering Britain's resignation.

The move has been strengthened by the election of the banned Cape Town doctor, Professor Bill Hoffenberg as the new president of the Royal College of Physicians. He succeeds his close colleague Sir Douglas Black who will take over next year as president of the B.M.A. Both are implacable opponents of apartheid.

Professor Hoffenberg, aged 60, was a consultant at Groote Schuur Hospital and senior lecturer at Cape Town University until he was banned 15 years ago under the Suppression of Communism Act.

The South African Ministry of Justice has never told Professor Hoffenberg why he was banned.

Doctors and Lethal Injections

On 7th December 1982 in Huntsville, Texas, Charles (Charlie) Brooks was executed by an intravenous injection of a lethal dose of sodium thiopentone (pentothal). He was the first man in U.S. history to be executed in this way.

Two days following his death Reuters reports that 'a Texas doctor, Ralph Gray, examined Brooks the day before his execution to make certain his veins could accept lethal doses of drugs.

The involvement of doctors in Brooks' execution was also noted by the correspondent for the London 'Guardian' who writes:

'After five minutes the medical director of the Texas Department of Corrections, Dr. Ralph Gray, listened to his heart through a stethoscope, shook his head, and commented 'A couple more minutes'. Dr. Bascom Bentley, also checking the prisoner, flashed a torch into his eyes and asked the executioner 'Is the execution completed?' He was told it was not. Two minutes later, after a further stethoscopic examination Dr. Gray said 'I pronounce this man dead'.'

The seven minute lapse between the administration of the pentothal and the pronouncement of death was corroborated by several other reports at the time.

Because the execution of Charlie Brooks was closely monitored and aided by medical doctors both the American Medical Association and the World Medical Association have issued statements strongly critical of the participation of doctors in states executions. Reuters quotes Dr. Andre Wynen, Secretary General of the W.M.A. as saying on the day following Brooks' execution

"Regardless of the method of capital punishment the state imposes, no physician should be an active participant. A physician's only role would be to certify death once the state has carried out the capital punishment."

And a spokesman for the AMA is quoted as saying

"The use of a lethal injection as a means of terminating the life of a convict is not the practice of medicine. A physician who accepts the task of performing an execution on behalf of the state obviously does not enhance the image of the medical profession. This is not an appropriate role for a physician."

However, in those states where the lethal injection has been adopted the presence of a doctor, although not required by law, is justified on humanitarian grounds.

After receiving a number of letters from physicians concerned at the proposed execution by injection of Sony Hayes (later deferred) in October 1981, the Governor of Texas wrote:

'I....see no reason why a physician should not be present at an execution and be able to ensure that no unnecessary pain is inflicted upon the prisoner to be executed.'

Meanwhile the medical associations of the four states concerned (Texas, Oklahoma, Idaho and New Mexico) have condemned the active participation of doctors in these executions as being ethically unacceptable.

There are now just over 1000 condemned prisoners awaiting execution. With most of their appeals exhausted, the question is now narrowing as to when they will be executed and how. And although so far only four states have adopted death by lethal injection it is feared others may follow suit, posing grave moral issues for the American medical profession.

The Death Penalty

On the 12th March 1981 Amnesty International issued a declaration on doctors and the death penalty. This condemned any form of participation by doctors in capital punishment as being a violation of medical ethics. Participation is deemed to include -

- determining mental and physical fitness for execution.
- giving technical advice on the carrying out of the death penalty.
- prescribing, preparing, administering and supervising doses of poison

in jurisdictions where this method is used.

- making medical examinations during executions, so that an execution can continue if the prisoner is not yet dead.

ALABAMA

John Louis Evans was executed on 22nd April 1983 in Alabama in the electric chair after the Supreme Court refused to grant a stay of execution.

According to press reports, it took three separate jolts of 1,900 volts each over a ten minute period before Evans was officially pronounced dead.

The electrode on his left leg burnt through and fell off during the first 30-second jolt. Prison guards repaired it and re-attached it after doctors said he was not dead.

Following a 30-second jolt, a puff

of smoke and a burst of flame erupted from his left temple and leg. Doctors put stethoscopes on his chest but said they were still not certain he was dead.

A third jolt was given and several minutes later John Louis Evans was pronounced dead.

This was the first execution in Alabama for 18 years.

"I....see no reason why a physician should not be present at an execution and be able to ensure that no unnecessary pain is inflicted upon the prisoner to be executed."

- Governor of Texas 1981

Chile (World) can't both students at the Universidad Catolica de Valparaiso (Catholic university), were arrested by unidentified individuals thought to have been agents of the Chilean secret police (C.N.I.).

The arrests took place in the street in Valparaiso. Manuel Flores Videla, a student of music aged 22, was arrested at about 9.00 pm. His girlfriend, Veronica Morales Hernandez, a physical education student aged 21, was arrested about an hour later. They were taken to an unknown place of detention. A petition of habeas corpus was presented on their behalf on 26 April 1983 but so far there has been no further information about their detention.

According to reports the student's living quarters at the university had been raided, as was the house of

Manuel Flores' mother.

It is thought that Manuel Flores and Veronica Morales may have been taken to a secret detention centre for interrogation by the C.N.I., and that they may have been tortured.

Amnesty International frequently receives copies of formal complaints (denuncias) of torture which have been submitted to the courts in Chile for investigation. These complaints usually cite members of the CNI as being responsible for torture during interrogation of people suspected of political activity. On 23 March 1983 Javier Ruiz Vera, (a leading member of a young people's rights committee), was arrested in Valparaiso and taken to a secret detention centre for interrogation by the CNI. He has alleged that he was subjected to both physical and psychological torture during his ten day detention.

Refugees

Dr. Fisher con't

of communication, do these people experience any other practical difficulties living in England?

"The refugees I treated certainly did. The housing estates on which the majority of them lived, in Peckham and Camberwell, contained some of the most racist elements in Britain.

"It was not uncommon for refugee children to be attacked and for their parents to be frequently threatened.

"Also, many of them were either unemployed, on Social Security, or in very low paid work and extremely poor. As such they inevitably saw the worst of the country's system.

"Added to the problems of every day living they all lived under a terrible cloud of guilt. Even though to have stayed at home would have been suicide they felt somehow it was an act of cowardice to leave. They live in a state of unending apprehension for the family and friends they have left behind."

Are they frightened that the security forces that once held them prisoner can reach out and take them again even in England?

"Yes, their experiences have been such that psychologically they never really escape. For this reason refugees, especially South American refugees, may reveal little about themselves and their former lives."

Are there any ways in which either the Social Services or the Health System can really help refugees when they come to this country?

"I think it is important that there should exist a key link between the refugee and the culture he has left behind.

"We need not only fluent Spanish and Portuguese speakers, but also people who have some kind of empathy, some real understanding of the overwhelming confusion, guilt, alienation and psychological bruising refugees sustain.

"I am sure there is tremendous potential for some kind of network of co-operation between General Practitioners and Refugee organisations.

"Also, as I see it, there is now a growing need for physical disease specialists who have experience in the treatment of torture victims."

BRAIN ATROPHY OBSERVED IN TORTURE VICTIMS

In their letter of 18th November 1982 in The New England Journal of Medicine, Dr. Troels Staehelin Jensen M.D., and his colleagues reported that five young men whom they had recently examined [mean age 31 years] and who had sustained severe torture two to six years previous to examination, all showed cerebral atrophy confirmed by CAT scans. [cortical in four and central in one]

As none of these men had any history of any known factor which could possibly cause cerebral damage the doctors conclude that "torture probably played a part in the atrophy observed."

They continue -

"The symptoms and signs in the present cases were in many ways comparable to those seen in survivors of World War 2 concentration camps. Although the social and mental complications in the concentration-camp survivors were initially considered to be transient, later follow-up studies showed signs that dementia occurred in a high proportion of cases 10 to 20 years after detention. The same long-term effects with signs of irreversible brain damage may develop in today's torture victims, possibly with a shorter latency period."

FORTHCOMING HANDBOOK

The Toronto Section of Amnesty International will soon publish a handbook designed to help groups gain a greater understanding of the work of Amnesty and thereby extend their capabilities in the field of human rights.

The book is divided into six teaching sessions and 'Medicine and Human rights' will publish one in each issue.

The authors welcome comment.

A Handbook for Medical Groups

by F. Allodi, M.D. and G. Cowgill, Ph.D.

Session One

Purpose: To provide general information about Amnesty International; examine personal reasons for belonging; begin organisation of group activities.

Rationale: Medical professionals can offer A.I. techniques and collegiality which can improve work for the release of prisoners-of-conscience, for anti-torture work and in campaigning for abolition of death penalty.

Resources: Experienced Amnesty International member, perhaps a member of the medical group.

1. Information: An experienced organiser gives a talk on Amnesty International's mandate:

- history and the basis of its work (Universal Declaration of Human rights); medical work, history, its place within the Campaign Against Torture [CAT];
- development of medical groups and the scope of their work.

Questions

2. Case Study: A Bolivian prisoner who sustained a serious injury to the spine. [The Case Study may be altered to suit the requirements of the group].

- Purpose:**
- To help the individual to articulate reasons for belonging to Amnesty International.
 - To see what medical/nursing care of prisoners-of conscience and torture might involve.
 - The case study should also involve discussion of universal and impartial human rights work means.

3. Organisation: Select a chairperson/secretary for the next meeting to ensure that the meeting will be organised and records kept.

Various roles within the group should be rotated so that everyone will receive equal training.

Beware that physical arrangement of the room will influence the dynamics of the group.

Make basic materials available at every meeting. Find an administrator.

4. Materials:

- Basic information pamphlet about Amnesty International;
- Universal Declaration of Human Rights;
- Amnesty International Newsletter;
- Amnesty International Annual Report;
- Basic information pamphlet about medical work;
- Report of Athens meeting;
- Material on examination of torture victims eg. Evidence of Torture or 'Medical Examination of Torture Victims - Applying for Refugee Status' [see appendix]

Chile Latest Report con't

strong grounds for believing that the individual was a doctor or had had a thorough medical training.

'Case No. 8, who developed a one-sided paralysis, was seen by a person whose examination appears to have been medically correct, and who used the term 'hemiparesis' to describe the condition.

'Case No. 10, who has situs inversus viscerum, asked the person doing the examination to describe the implications of the condition, which he did correctly.

'Case No. 18, who is himself a doctor, felt certain that the person who examined him was a doctor, both in the questions he asked and in his examination technique.

'Amnesty International's delegates could not determine the identities of the alleged doctors, or how many were involved. However, one person, known as 'Doc' and apparently medically trained, was identified to some extent in several of the descriptions of the Santiago CNI centre. All three of those who said attempts had been made to hypnotize them claimed to have seen the 'hypnotist', who was called 'Doc' by the others. A fourth ex-detainee, Case No. 18, also said he saw the person called 'Doc'. All four describe him as being about 45-50 years old, tall and corpulent, with dark hair greying at the temples, and wearing glasses.

'While in Chile, Amnesty International's delegates met the head of the Chilean Medical Association, Dr. Juan Luis Gonzalez, who said the association was aware that doctors had been accused of taking part in torture and had condemned such participation. However, he said, it had not been able to identify the doctors involved and had therefore been unable to act against them. He added that the problem had caused great concern among Chilean doctors.'

-18th May 1983

British Section Medical Group

If you would like to know more about the work of the British Section Medical Group, please contact the Secretary, Mrs. Helen Bamber.

Sir,

Political Abuses of Psychiatry in South Africa

Internment of political dissidents in mental hospitals in the USSR has justly received considerable attention in the West following campaigns by professional and human rights organisations. Accounts of similar involvement by the medical profession in perpetrating a repressive political system have been emerging from the Republic of South Africa. In the field of mental health, the South African government is accused of deliberately maintaining an iniquitous pattern of care based on racial discrimination which leads to unnecessary deaths and avoidable suffering among the black people in that country. Legislation in this area also allows for 'rehabilitation' of pass-law offenders to be supervised by medical practitioners. Recent reports from South Africa have also implicated individual psychiatrists in detaining and 'treating' political prisoners in mental institutions following physical and mental abuse by the police. Following criticisms by the World Health Organisation and the American Psychiatric Association the case against South African psychiatry is being considered by the Royal College of Psychiatrists and the World Psychiatric Association.

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'Medicine and Human Rights'

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